

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>600132</i>	FILING DATE				
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	
1	<i>1</i>						51				
2	<i>b2</i>						52				
3							53				
4							54				
5							55				
6	<i>8</i>						56				
7	<i>8</i>						57				
8	<i>8</i>						58				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	<i>1</i>		<i>1</i>				TOTAL IND.				
TOTAL DEP.	<i>23</i>		<i>1</i>				TOTAL DEP.				
TOTAL CLAIMS	<i>24</i>		<i>1</i>				TOTAL CLAIMS				